

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

4:20-CV-00935
PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Tri-County Gin of North. MS. LLC
 was received by me on (date) 04-17-2020.

☐ I personally served the summons on the individual at (place) _____

on (date) _____

United States Courts
 Southern District of Texas
 FILED
 MAY 06 2020
 David J. Bradley, Clerk of Court

☐ I left the summons at the individual's residence or usual place of abode with (name) _____

, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____

designated by law to accept service of process on behalf of (name of organization) _____

on (date) _____

; or

☐ I returned the summons unexecuted because _____

; or

☒ Other (specify): US Pox Office certified mail

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 04-27-2020

Carlos A. Uzcategui
 Server's signature

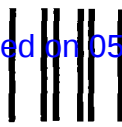
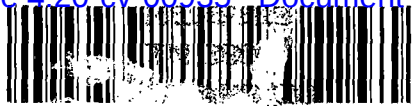
Carlos A. Uzcategui
 Printed name and title

1738 Treble Dr.
Humble, Tx. 77338
 Server's address

Additional information regarding attempted service, etc:

9590 9402 3345 7227 7989 48

USPS TRACKING#



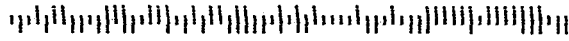
First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3345 1.27 7989 48

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Carlos A. Uzcategui
1738 Treble Dr
Humble, TX. 77338



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>JW CD19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Trip-County Gin of North MS, LLC</i></p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>4-17-20</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3345 7227 7989 48</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	